

**TROY RECREATION DEPARTMENT**  
**2009 TROY TIDAL WAVES SWIM TEAM**  
**MAY 11 - JULY 19**  
**AGES 6 - 18**  
**at the Troy Aquatic Park**

**New Swimmer Evaluation/Meet the Coach**  
**Saturday, April 25 – 10:00 a.m.-12:00 noon**  
**At Robinson Branch YMCA**

**DRY LAND PRACTICES BEGIN:**  
**MONDAY AND WEDNESDAY, MAY 11 & 13**  
**MONDAY AND WEDNESDAY, MAY 18 & 20**  
**7:00 – 8:00 P.M.**

**PRACTICE WILL BEGIN IN THE POOL MAY 26<sup>th</sup> IN THE EVENING ONLY UNTIL TROY SCHOOLS ARE OUT MONDAY THRU WEDNESDAY**

**NOTE: CHILD NEEDS TO BE ABLE TO SWIM 25 YARDS TO PARTICIPATE**

Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_  
(street) (city) (zip)

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REGISTRATION FEE:** \_\_\_\_\_ **\$35.00 (Troy Aquatic Park Season Pass Holder)**  
\_\_\_\_\_ **\$45.00 (Non-Pass Holder)**  
\_\_\_\_\_ **\$60.00 (Late registration fee after May 2 registration deadline)**

**WAIVER AND RELEASE**

We, the undersigned, do give permission for our son/daughter to participate on the Youth Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Swim Team Program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or legal guardian)

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.
4. Participant is unable to swim one length of the pool. Participant must request refund in writing by June 1 of current swim season and be approved by the Troy Tidal Waves Head Coach and Pool Manager.

## **2009 TROY TIDAL WAVES SWIM MEET SCHEDULE**

**NEW SWIMMER EVALUATION/MEET THE COACH  
SATURDAY, APRIL 25 – 10:00 A.M.-12:00 NOON  
@ ROBINSON BRANCH YMCA**

**DRY LAND PRACTICES BEGIN:  
MONDAY AND WEDNESDAY, MAY 11 & 13  
MONDAY AND WEDNESDAY, MAY 18 & 20  
7:00 – 8:00 P.M.**

**PRACTICE WILL BEGIN IN THE POOL MAY 26<sup>th</sup> IN THE EVENING ONLY  
UNTIL TROY SCHOOLS ARE OUT:  
MONDAY THRU WEDNESDAY  
AGE 13 & UP – 7:00-8:00 A.M. AND 8:45-9:30 P.M.  
AGE 12 & UNDER – 8:00-8:45 A.M. AND 8:00-8:45 P.M.**

*THURSDAY	JUNE 11	TROY <u>AT</u> TIPP CITY	6:00 P.M.
*THURSDAY	JUNE 18	TROY <u>AT</u> MINSTER	6:00 P.M.
*SATURDAY	JUNE 27	BOTKINS AND BELLEFONTAINE <u>AT</u> TROY	8:00 A.M.
*SATURDAY	JULY 11	VERSAILLES <u>AT</u> TROY	8:00 A.M.
SATURDAY	JULY 18	CHAMPIONSHIPS <u>AT</u> VERSAILLES	TBA
FRIDAY	JULY	BANQUET <u>AT</u> TROY AQUATIC PARK	TBA

**Swimmers must be registered at the Troy Recreation Department's office (Hobart Arena) to be eligible to swim at any practice or meet.**

**\*Designates league meets - swimmer must have participated in two (2) league meets to be eligible for Championship meet.**

**Office Hours: Monday thru Friday, 8:00 a.m.-5:00 p.m. or Saturdays, 9:00-12:00 noon.**

**Additional meets may be scheduled.**